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On Tuesday, March 20, 2018, on motion by Supervisor Curt Hagman, duly seconded by Supervisor Josie Gonzales, and carried, the following resolution is adopted:

WHEREAS, The Board of Supervisors of the County of San Bernardino serves as the Board of Directors of ICEMA;

WHEREAS, the delivery of EMS is a matter effecting the public health concerning each of the counties which comprise ICEMA;

WHEREAS, pursuant to the Emergency Medical Care Services System and the Prehospital Emergency Medical Care Act (Health and Safety Code section 1797, et seq.), ICEMA has been designated as the LEMSA for the Counties of San Bernardino, Inyo, and Mono:

WHEREAS, ICEMA is required to establish, and oversee an EMS system, which provides for the personnel, facilities, and equipment necessary for the effective and coordinated delivery of EMS in San Bernardino, Inyo and Mono Counties;

2H60192

1 **WHEREAS**, it is ICEMA's desire to recover its overhead costs for providing
2 oversight to the EMS System within the Counties of San Bernardino, Inyo and Mono by
3 establishing fees;

4 **WHEREAS**, ICEMA is authorized under Health and Safety Code sections
5 1797.212, 1797.213, 1798.164, and 101325, and Government Code section 6502 to
6 recover its expenses in providing oversight of ICEMA's EMS system and enforcing
7 healthcare laws;

8 **WHEREAS**, ICEMA is authorized under California Code of Regulation, Title 22,
9 Division 9, Chapter 8 Prehospital EMS Aircraft Regulations, to establish minimum
10 standards for the integration of EMS Aircraft and personnel into the local EMS
11 prehospital patient transport system as a specialized resources for the transport and
12 care of emergency medical patients;

13 **WHEREAS**, ICEMA is authorized under of the California Code of Regulations,
14 Title 22, Division 9, section 100300, to integrate aircraft into its prehospital patient
15 transport system and develop a program which classifies EMS Aircraft, establishes
16 policies, and charges fees to cover the costs directly associated with the classification,
17 authorization, inspection, and provision of medical control of EMS Aircraft;

18 **WHEREAS**, it is ICEMA's desire to recover costs for providing medical control to
19 EMS Aircraft providers operating within ICEMA's region by establishing a revenue
20 neutral medical control fee;

21 **WHEREAS**, it is ICEMA's further desire that such medical control fee for EMS
22 Aircraft providers be determined annually by using a pro-rata apportionment of ICEMA's
23 costs derived from annual data directly associated with EMS Aircraft;

24 **NOW THEREFORE**, be it resolved that:
25 Commencing July 1, 2018, the fees for the Inland Counties Emergency Medical Agency,
26 State of California, shall be:

27 1. Non-Air Medical Control

28 A. Provision of Medical Control (annual) \$2,000.00

1	B.	Medical Control Compliance	\$400.00/unit
2	2.	EMS Aircraft Medical Control	
3	A.	Provision of Medical Control Permit/Authorization (annual for fiscal	
4		year)..... Actual Cost-Pro Rata Share Per Provider	
5	B.	EMS Aircraft Medical Control Compliance	\$400.00/unit
6	3.	EMS Credentialing Fees (every 2 years)	
7	A.	Mobile Intensive Care Nurse (MICN)	
8		(Administrative, Base Hospital, Critical Care Transport, Flight	
9		Nurse)	
10	1.	Authorization	\$120.00
11	2.	Re-authorization	\$120.00
12	3.	Challenge	\$235.00
13	B.	Emergency Medical Technician - Paramedic (EMT-P)	
14	1.	Accreditation	\$120.00
15	2.	Re-verification	\$70.00
16	C.	Emergency Medical Technician (EMT)/Advanced EMT (AEMT)	
17	1.	Certification	\$70.00
18	2.	Re-certification	\$70.00
19	D.	Emergency Medical Responders (EMR)	
20	1.	Registration	\$70.00
21	2.	Re-registration.....	\$70.00
22	3.	Challenge	\$75.00
23	E.	EMT-P Accreditation/MICN Authorization Re-test.....	\$80.00
24	F.	EMT/AEMT Credential Replacement.....	\$25.00
25	G.	EMS Credential Name Change.....	\$25.00
26	4.	Training Program Approval Fees (every 4 years)	
27	A.	MICN.....	\$400.00
28	B.	EMR.....	\$650.00

1	C.	EMT/AEMT	\$1,500.00
2	D.	EMT-P.....	\$1,500.00
3	E.	Continuing Education Provider.....	\$650.00
4	5.	Hospitals	
5	A.	Base Hospital Application	\$5,000.00
6	B.	Base Hospital Designation (annual).....	\$5,000.00
7	C.	Trauma Hospital Application	\$5,000.00
8	D.	ST Elevation Myocardial Infarction (STEMI) Receiving Center Application.....	\$5,000.00
9	E.	Neurovascular Stroke Receiving Center Designation Application	\$5,000.00
10	6.	EMS Temporary Special Events	
11	A.	Minor Event Application	\$125.00
12	B.	Major Event Application	\$375.00
13	7.	Protocol Manual	
14	A.	With Binder	\$40.00
15	B.	Inserts Only	\$25.00
16	C.	CD.....	\$10.00
17	8.	Equipment Rental	
18	A.	Standard Equipment	\$10.00/item
19	B.	Deluxe Equipment.....	\$25.00/item
20	9.	Statistical Research	\$100.00/hour

PASSED AND ADOPTED by the Board of Supervisors of San Bernardino County, State of California, sitting as the Board of Directors of Inland Counties Emergency Medical Agency, by the following vote:

AYES: Directors: Robert A. Lovingood, Janice Rutherford,
James Ramos, Curt Hagman, Josie Gonzales

NOES: Directors: None

ABSTAIN: Directors: None

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN BERNARDINO)

I, LAURA H. WELCH, Secretary of the Board of Directors of Inland Counties Emergency Medical Agency, State of California, hereby certify the foregoing to be a full, true and correct copy of the record of the action taken by said Board of Directors, by vote of the members present, as the same appears in the Official Minutes of said Board at its meeting of March 20, 2018, Item #75. jr

LAURA H. WELCH
Secretary of the Board of Directors
of Inland Counties Emergency Medical Agency

By James Deputy

APPROVED AS TO FORM:
MICHELLE D. BLAKEMORE
County Counsel

BY: Kenneth C. Hardy
KENNETH C. HARDY
Deputy County Counsel

Date: 3/19/18